

# ISLAND COUNTY APPLICATION FOR WELL SITE INSPECTION

Island County Health Department  
P.O. Box 5000  
Coupeville, WA 98239

Receipt Number: \_\_\_\_\_  
Application # : \_\_\_\_\_  
Application Amt#: \_\_\_\_\_

1. Well is to be used for: ☐ Individual System (single-family residence). **Fee required \$210.00**  
☐ Public System (other than single family). # Connections: \_\_\_\_\_ **Fee required \$451.00**

2. New Well ☐ Existing Well ☐

3. Legal description of well site property:

Tax Parcel# \_\_\_\_\_

Is this well to serve a proposed short plat? \_\_\_\_\_ S/P # \_\_\_\_\_

Address of well site: \_\_\_\_\_

4. Submit well log for existing well(s) with Application.
5. On the back of this form, please draw an accurate sketch of the well site location and proposed service area.
6. Are any lots to be served one acre or less? \_\_\_\_\_
7. Proposed name of water system: \_\_\_\_\_

8. Person responsible for system

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

9. Owner of well site property:

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

10. Persons applying for well site inspection

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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Show adjacent buildings, roads, property lines, septic tanks, drainfields, and corresponding distances to the well sites.



**\*\* The proposed well site must be clearly located on the site with a flagged stake\*\***

I/We request that a well site inspection be made by the Island County Health Department at the above described well site.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of well site property owner

**\*\*Note:** Submission of this application does not constitute well site approval.

- Well site approval is subject to pollution control zone covenants recorded at the Island County Auditor's Office (copy to be furnished to Health Department).
- Any public system proposed is subject to review and approval by Washington State Department of Health and Island County Health Department per WAC 246-290.
- Pursuant to the Island County Coordinated Water System Plan, written verification from adjacent water system(s) must be submitted to the Health Department prior to well site inspection.

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**WITHOUT THE ABOVE INFORMATION YOUR APPLICATION WILL NOT BE PROCESSED!**

\*\*\*\* FOR HEALTH DEPARTMENT USE ONLY \*\*\*\*

\_\_\_\_\_  
WELL SITE APPROVAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COVENANTS RECEIVED

\_\_\_\_\_  
DATE